

**CHILD CARE LICENSING UNIT**  
**STATE OFFICE PARK SOUTH**  
**129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857**  
**TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025**

**STATEMENT OF FINDINGS**

**ISSUE DATE:** 11/04/2019

**VISIT TYPE:** Monitoring

**VISIT DATE(S):** 10/29/2019

**CORRECTIVE ACTION PLAN DUE DATE:** N/A

**Katina North, Center Director**  
**PB & J's Child Care and Learning Center**  
**1420 Peaked Hill Road**  
**Bristol NH 03222**

**LICENSE NUMBER: CCCB-06486**  
**LICENSING COORDINATOR(S):**  
**Darlene Avery**

As a result of a visit conducted in accordance with RSA 170-E, the department finds that on the day of the visit there were no violations of critical rules.

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

**OWNER/APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** / /

**DIRECTOR/PROVIDER SIGNATURE:** \_\_\_\_\_ **DATE:** / /

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**FOR DEPARTMENT USE ONLY**

☐ **\*APPROVED (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN APPROVED)**

☐ **\*DISAPPROVED (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED DISAPPROVED IN THE RIGHT HAND COLUMN.)**

**LICENSING COORDINATOR:** \_\_\_\_\_ **DATE:** / /

**FOLLOW-UP:**

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